

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: TOWNHALL MEETING C01353758  
EQUIPMENT RENTAL AND TECHNICAL SUPPORT  
HEARD BEFORE: GARY CRITZER  
STATE EMS ADVISORY BOARD CHAIR

FEBRUARY 23, 2017

VIRGINIA BEACH CONVENTION CENTER

2101 PARKS AVENUE #500

VIRGINIA BEACH, VIRGINIA

5:15 P.M.

COMMONWEALTH REPORTERS, LLC  
P. O. Box 13227  
Richmond, Virginia 23225  
Tel. 804-859-2051 Fax 804-291-9460

Virginia Beach Townhall Meeting February 23, 2017

1 APPEARANCES:

2 Gary Critzer, Presiding Officer  
3 State EMS Advisory Board Chair

4 ALSO PRESENT:

5 George Linbeck, MD  
6 State Office of EMS Medical Director

7 Gary Brown, Director  
8 Office of EMS

9 Scott Winston, Assistant Director  
10 Office of EMS

11 Dave Hobach  
12 State EMS Advisory Board member

13 Warren Short, Training Manager  
14 Division of Educational Development

15 Gregory Neiman, BA, NRP  
16 BLS Training Specialist

17 Debbie Akers  
18 ALS Training Specialist

19 Larry Oliver  
20 I-99 Program Work Group member

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## I N D E X

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1           (The townhall meeting commenced at  
2 5:15 p.m., and the presentation commenced as  
3 follows:)

4  
5           MR. CRITZER: For those of you who  
6 don't know me, my name's Gary Critzer. And  
7 I'm the current chair of the State EMS  
8 Advisory Board. I'm also the current  
9 president of the Virginia Association of  
10 Governmental EMS Administrators.

11           We've got several other folks  
12 here tonight that you may or may not know.  
13 I'm sure the infamous Gary Brown --  
14 everybody knows him. Scott Winston, the  
15 assistant director.

16           Dr. George Linbeck is the  
17 State Medical Director for OEMS. Warren  
18 Short needs no further ado. And I saw one  
19 of our -- Chief Dave Hobach is a member of  
20 the State EMS Advisory Board.

21           We have Greg Neiman and Debbie  
22 Akers from the educational staff with the  
23 Office of EMS. And also with us tonight is  
24 Larry Oliver. Larry served as a member of  
25 the State EMS Advisory Board for a number of

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1 years and chaired the Training and  
2 Certification Committee, and has been  
3 working on this issue for a number of years.

4 He also has been working on  
5 plans for -- and recommendations to the  
6 Advisory Board on what we need to do with  
7 this program going forth. So are there any  
8 questions before we get started?

9 Okay, we'll just jump right  
10 in. So we're going to talk about I-99 as it  
11 exists today, how we got here and where we  
12 need to think about the future of I-99 going  
13 forward.

14 So a little bit of history --  
15 let me back out of the way so I'm not  
16 standing in front of everybody. So I-99 was  
17 developed in the late 1990's. It was  
18 piloted in Virginia through 2001.

19 We transitioned the former  
20 cardiac technicians from I -- over to I-99  
21 between 2002 and 2008. In January 2009,  
22 there were 2900 and some odd I-99's  
23 certified in Virginia. The National  
24 Registry has been telling us for some time,  
25 based on the national scope of practice

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1 model, that they intended to eliminate the  
2 'I' certification in Virginia. And as such,  
3 they have not certified any new  
4 intermediates at the national level since  
5 2013.

6 So they -- while they've  
7 offered the assessment test, they have not  
8 certified any new 'I's' since 2013 anywhere  
9 in the nation.

10 The registry has also  
11 indicated that as of March 31st, 2019,  
12 anyone that is currently a National Registry  
13 'I' will either transition up to a 'P' if  
14 they take the classes or they'll  
15 automatically revert to a National Registry  
16 advanced EMT.

17 That's at the national level.  
18 Okay? They've been notifying providers  
19 about that. So if you're an EMT-I now and  
20 you're due to re-certify this March, it will  
21 be the last opportunity to re-certify your  
22 National Registry intermediate. And you  
23 will have that two-year period to either  
24 become a paramedic or revert to an advanced  
25 EMT at the national level. So the question

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1 is as we go through, OEMS initiated a  
2 review. What are we going to do once the  
3 National Registry stops offering the I-99  
4 test.

5 Currently, they offer an  
6 assessment examination. And that assessment  
7 examination, if you successfully complete  
8 it, gets forwarded to the Office of EMS.  
9 And OEMS issues an intermediate card that's  
10 good for Virginia.

11 The National Registry has  
12 indicated to us that at some point in the  
13 future -- they have not provided a date.  
14 But at some point in the future, they will  
15 cease the delivery of the assessment  
16 examination.

17 Once that stops, Virginia has  
18 no mechanism currently to be able to deliver  
19 an intermediate test. So without that  
20 ability, we could not certify any new 'I's'.

21 We also could not allow for  
22 re-entry of those who allowed their  
23 certification lapse. The Training and  
24 Certification Committee of the Advisory  
25 Board -- we formed a work group that met.

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1 The last time they met was in November of  
2 '15. And they developed a recommendation to  
3 the Advisory Board that we'll talk about a  
4 little later.

5 So as we look at some of the  
6 numbers of Intermediate 99's in Virginia --  
7 this is from 2009 to 2017. You can see the  
8 number of newly certified -- excuse me, of  
9 certified intermediates.

10 It kind of peaked in -- it  
11 looks like '14. And it slowly declined up  
12 through the current time. People are --  
13 more and more people are either  
14 transitioning to 'P' or they're allowing  
15 their -- their intermediate to -- to lapse.

16 And I can't tell you how many  
17 are doing which of either. I don't know,  
18 Warren, if you have the ability to tell  
19 that, who let theirs go versus who  
20 transitioned up.

21 We might be able to collect  
22 that information, but I don't have that for  
23 you tonight. Okay. So here's the history,  
24 and this was the recommendation of the --  
25 the TCC work group. And that is that there



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1 is no intent of the Office of EMS, the  
2 Advisory Board, the Department of Health to  
3 remove the I-99 certification from someone  
4 who already has it.

5 So if you're a currently  
6 certified EMT intermediate in Virginia, as  
7 long as you maintain that certification, you  
8 can keep it. You will be able to remain an  
9 intermediate in Virginia.

10 There's no intent to take that  
11 away from you. However, without the ability  
12 to have a certification examination in  
13 Virginia, once the registry stops the  
14 assessment test -- if you allowed your card  
15 to lapse, if you went into what -- now would  
16 be called re-entry -- there would be no  
17 re-entry process.

18 There would be no way for you  
19 to get that certification back currently.  
20 Again, the registry is still delivering the  
21 assessment test.

22 We have intermediate classes  
23 ongoing around Virginia right now that will  
24 still be able to take the assessment test  
25 because the registry has not stopped

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1 delivering it. And they have not, as of  
2 today, given us a date in the sand that says  
3 as of this date, we're done. What they have  
4 done is alerted us to the fact that at some  
5 point in the future, they will stop  
6 delivering that test.

7 They just have not send when  
8 -- said when. All that we know is that they  
9 will give us enough time to try and -- and  
10 be ready. But for us to be wait until that  
11 announcement comes is probably the right --  
12 not the right thing to do for Virginia.

13 Regulatory changes take an  
14 average of about 18 months, and that's on a  
15 good side. And they've taken as long as  
16 eight years, so we can't wait until the last  
17 minute to address this issue.

18 We have to get our hands  
19 around it. And quite honestly, we -- we've  
20 continually put it off over the last couple  
21 of years because it's been an unpopular  
22 discussion. We've talked about it and  
23 people have not been happy with it. So  
24 we're at a point where we've got to make a  
25 decision. There was going to be an action

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1 item that came to the Advisory Board at our  
2 November 9th, 2016 meeting. And that --  
3 that action item was withheld. And that was  
4 to uphold the recommendation of the TCC work  
5 group.

6 So that's been withheld to  
7 allow us to have these townhalls and let the  
8 system have their voice heard. So this is  
9 the actual proposal that the work group came  
10 up with.

11 I'm not going to read it to  
12 you word for word. But it was unanimously  
13 endorsed by those present on the work group  
14 back in September of 2016.

15 In the end, it says that  
16 Virginia does not have the resources to  
17 develop and maintain a valid, reliable and  
18 legally defense-able certification exam.

19 And the work group further  
20 recommends that upon loss of the ability to  
21 gain the certification that existing  
22 intermediates would keep their certification  
23 through continuing education without a  
24 re-entry mechanism. That was the  
25 recommendation of the work group. And that

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1 was the motion that -- that did not go up  
2 line to us until we had an opportunity to  
3 have those townhall -- these townhalls. So  
4 some information about where we are.

5 Again, after March 31st, 2019,  
6 there will be no nationally registered  
7 EMT-I's anywhere in the United States. They  
8 will be -- no longer exist.

9 Some other information, FEMA  
10 does not recognize I-99 for DMAT ALS teams  
11 any longer. So if you serve on a DMAT team  
12 and you're an EMT intermediate, that  
13 certification will no longer be recognized.

14 There is no national I-99  
15 curriculum any more. The curriculum without  
16 -- that's out there is outdated. The ones  
17 that are still using it have changed things  
18 like the -- the ACLS guidelines and some of  
19 those materials.

20 But there is no true I-99  
21 curriculum any longer. There are no up-to-  
22 date I-99 text books. They're not printed  
23 any more. And the National Registry only  
24 has an assessment exam for I-99 that's only  
25 been updated for the AHA emergency cardiac

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1 care criteria. After March 31st, 2019,  
2 portability of I-99 -- both into and out of  
3 Virginia -- will be negatively effected.  
4 That means the ability to carry it across  
5 state lines.

6 So these are the numbers of  
7 EMS providers in Virginia as of January the  
8 6th of this year. Again, you can look down  
9 through the list.

10 But the one that we should be  
11 thinking about -- obviously, we have the  
12 34,672 total providers. And out of that, we  
13 have 2920 currently certified EMT  
14 intermediates.

15 Again, there's no intent to  
16 remove that certification from anyone as  
17 long as they maintain it through continuing  
18 education. These are -- is a map that  
19 indicates the localities where I-99's exceed  
20 paramedics, and those are listed in purple.

21 So you can look at the map.  
22 These state -- these counties, excuse me,  
23 exceed paramedics with I-99's throughout  
24 Virginia. And these are localities in  
25 Virginia that have zero paramedics. There's

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1 one, way down in southwest Virginia. So  
2 what if Virginia were to say, let's develop  
3 our own certification exam? Well, you can't  
4 just go out and write a bunch of test  
5 questions.

6 It has to be legally defense-  
7 able, psychometrically -- help me out,  
8 Warren -- sound. All those different buzz  
9 words that you have to have to make a test  
10 that we can use in the Commonwealth.

11 That costs money. We went and  
12 talked with the folks in North Carolina who  
13 still deliver their own state certification  
14 exams. And these are some of the figures  
15 that they provided us that they use to  
16 generate their certification exams.

17 Woops, sorry. About  
18 \$615,000.00 annually. It's a paper-based  
19 test and it takes about 500 man hours to  
20 create a single test.

21 They contract with a company  
22 called Castle Worldwide to help develop  
23 their examinations to make sure that they  
24 meet all these criteria. So that when  
25 someone doesn't pass an exam, they can be --

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1 the -- the reason they didn't pass can be  
2 upheld in court. And they can't be  
3 challenged on it. But it meets all of the  
4 -- all of the criteria for developing a  
5 test.

6 The North Carolina figures  
7 also include a contract with a performance  
8 center at the University of North Carolina  
9 for helping to develop and maintain the test  
10 bank for grading the tests, etcetera.

11 If we, in Virginia -- who use  
12 predominantly Pearson VUE for all of our EMS  
13 testing -- if we were to develop our own  
14 test, then the question is how do we deliver  
15 it?

16 Do we pay Pearson VUE to host  
17 it? And we do not -- I do not know and I  
18 don't think we know, as a system yet, what  
19 that figure would be.

20 Or do we develop a paper-based  
21 test and go back to paper-based testing.  
22 And there are issues with that. Anybody  
23 that's been in EMS for any time knows that  
24 after about a year, the paper-based test is  
25 compromised. And the -- in other words, the

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1 questions are out there. Whereas it's not  
2 as easy to do that with a computer-based  
3 adaptive testing. So what does Virginia  
4 have in place?

5 We have the IT component,  
6 we're about 60% complete on that. We don't  
7 have any of the psychometric -- I can't say  
8 that word -- none of the other stuff do we  
9 have in place to be able to deliver -- to  
10 maintain and deliver tests in Virginia for  
11 the I-99.

12 So if you look across  
13 different areas of the United States as to  
14 what's happening with I-99, Virginia is a  
15 member of the Atlantic EMS Alliance.

16 And that's where we used to  
17 develop all of our EMS testing, from -- from  
18 first responder, now EMR, all the way up  
19 through paramedic. Those tests were  
20 developed through the Atlantic Alliance.

21 It was a consortium of states  
22 and you can see them there. And the tests  
23 were developed jointly. We shared the costs  
24 in doing that. Slowly, one by one, those  
25 states stopped using our local tests because



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1       it cost too much money. And slowly, they  
2       drifted off to the National Registry,  
3       Virginia being one of them. There's only  
4       one state up there, I believe, that is not a  
5       National Registry state and that's North  
6       Carolina.

7               North Carolina still develops  
8       and maintains their own certification  
9       examinations. Everybody else up there uses  
10      the National Registry.

11             If you look at the total  
12      I-99's on this list, you'll notice that  
13      Maryland has 739, Virginia has 2920. And  
14      West Virginia doesn't call them I-99's or  
15      intermediates any more.

16             They call them advanced care  
17      technicians. And they have 56 of those  
18      left. The only other state that uses the  
19      intermediate curriculum currently is  
20      Colorado.

21             No one else in the United  
22      States is using intermediate. So really,  
23      Colorado, Maryland, Virginia and a few in  
24      West Virginia. So where do we go from here?  
25      We're obviously doing these townhall

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1 meetings and we're hearing what you have to  
2 say. The concerns that you have we're  
3 trying to answer questions that you might  
4 have about -- about the -- about EMT-I,  
5 about our options.

6 We're here tonight to try to  
7 answer those for you if we can. If we  
8 can't, we'll get back with you. There are  
9 some unknowns to this still. And we're  
10 trying to work through that.

11 We're trying to make the right  
12 decision for Virginia. The plan is that  
13 when this is finished in early April is that  
14 we will roll out the results of all the  
15 comments and thoughts, again, to the  
16 Training and Certification Committee and to  
17 the Medical Direction Committee of the  
18 Advisory Board.

19 And that they will bring a  
20 recommendation back to the Executive  
21 Committee of the Board and the full Board at  
22 its May meeting. So that we can then  
23 determine the next steps for 99. There was  
24 a meeting that was held earlier -- actually,  
25 it was in January -- with the Virginia Fire

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1 Chiefs Association to talk about options and  
2 alternatives. And one of the things that  
3 came out of that -- and there is not  
4 commitment or guarantee to this at all.

5 There was some interest in  
6 having a local option as to what to do with  
7 your providers. Some localities are saying,  
8 we've transitioned our providers from 'I' to  
9 'P' and we're okay.

10 We're -- we're not concerned  
11 if 'I' goes away. We've had other  
12 localities that have said, we're trying to  
13 look at what the national models are doing.

14 And we've -- we're -- we're  
15 putting more EMT advanced on the street.  
16 And we're using our paramedics in a  
17 different environment. We're using them in  
18 zone cars and things like that.

19 And we've heard the other side  
20 of folks saying, no, we still actively use  
21 EMT intermediates and they're important to  
22 our system. So when we talked about this  
23 local option, it would be that you would --  
24 Virginia would certify at the 'A' level and  
25 the 'P' level. And the local option would

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1 be for a little bit of an expanded scope of  
2 practice that would allow for some  
3 additional modules to -- would be added to  
4 the 'A' curriculum that would allow them to  
5 -- to do some cardiac work.

6 Which would essentially make  
7 it like an 'I'. It just wouldn't be called  
8 an 'I' and it wouldn't be certified by the  
9 State. It would be a local option.

10 It would be up to the local  
11 medical director and the agency to provide  
12 the -- the modules and to provide any  
13 competency-based assessment. There would be  
14 no certification card.

15 It would be a local option  
16 that the localities could use if they needed  
17 it. So how do we make that happen? It has  
18 to go through Medical Direction. Medical  
19 Direction holds the key to that.

20 They are the ones who  
21 determine scope of practice. And if they  
22 approve something like that and they move on  
23 that, then that could potentially happen.  
24 If they don't approve that, then that can't  
25 happen. Ultimately, the medical directors

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1 hold the key to that. So that is something  
2 that's being talked about and I've given it  
3 back to the chair of the Medical Direction  
4 Committee, Dr. McCloud.

5 And she's going to be vetting  
6 that with Medical Direction. Again, that  
7 would not -- the -- the discussion we had,  
8 that would not be a State-certified program.  
9 There would be no State certified testing.

10 There would be no -- no  
11 anything related to the State. You'd get an  
12 'I' -- an 'A' card. You test at the 'A'  
13 level.

14 And then it would be up to  
15 your local or regional medical director if  
16 that was something you wanted for a local  
17 option or needed for a local option. That  
18 was one of the opportunities that was more  
19 cost-efficient.

20 So that's where we are. And  
21 now it's the opportunity to hear from you  
22 folks. So what I'm going to do is come back  
23 here and get the list and see how signed up  
24 to speak. Everybody -- is there any other  
25 rosters floating around out there? And if

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1 we have time at the end and you didn't sign  
2 up and you changed your mind, we'll  
3 certainly make it work for you. Because I  
4 don't see a whole lot of names on this list.

5 Where's my timekeeper? Is he  
6 back there? We got this fancy app for  
7 time keeping that you can watch if you want  
8 to. It'll tell you when you're about out of  
9 time. All right.

10 I would ask that you come to  
11 the microphone. You speak into the  
12 microphone, give us your name, the agency  
13 you're with so that we'll have that on file.  
14 And the first person is --

15  
16 (Speaker out of the range of microphone.)  
17

18 MR. CRITZER: Sorry about that.  
19 Got to keep me straight. So everybody  
20 that's signed up to -- to speak is  
21 registered.

22 Again, you will get three  
23 minutes, which will be identified by the  
24 countdown clock over here. If you can and  
25 you have written comments, we would ask that

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1       you submit those to the Office of EMS within  
2       14 days of tonight's meeting. We may, at  
3       the end if we have time -- and it looks like  
4       we will -- if there's additional that decide  
5       at the end they'd like to speak, we will  
6       give you three minutes to speak.

7               We will not make any  
8       commitments or policy decisions tonight  
9       because we can't. We will answer questions  
10      as the best we can, but we can not make any  
11      policy decisions.

12             Again, this is being recorded.  
13      All these comments are being recorded. And  
14      you can at the end of this -- you can also  
15      submit a public comment online at the Office  
16      of EMS web site. Any questions?

17             Okay. Hearing none, the first  
18      one -- I can't read his name. Is it Tom  
19      Calogrides? And if you'll -- you can use  
20      that mike over there if you'd like.

21  
22             MR. CALOGRIDES:     Top of the  
23      evening to you fine, fine people. So I had  
24      actually sort of hoped that I may go a  
25      little later in the -- in the party. But

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1 someone's got to be first. So my name's Tom  
2 Calogrides. I am a member of Nansemond-  
3 Suffolk Rescue Squad.

4 I am a member of the Hampton  
5 Roads MMRS team and I am a member of  
6 Virginia 1 DMAT. That said, I am here  
7 tonight wearing my hat of DMAT Health  
8 Professions at Tidewater Community College.

9 Good or bad, and while I'm not  
10 as old as Mr. Brown or Chief Dent back  
11 there, I was indeed one of the very first  
12 people to teach the I-99 class in the  
13 Commonwealth of Virginia, and did several of  
14 them early on.

15 Today we oversee this program  
16 at Tidewater Community College as well. I  
17 think it's important to note that Virginia  
18 represents the vast majority of intermediate  
19 test administered in the United States of  
20 America.

21 Of that, Tidewater Community  
22 College represents the vast majority of  
23 intermediate tests administered in the  
24 Commonwealth of Virginia. Of note to you,  
25 Tidewater Community College is effectively



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1       only doing intermediate programs on  
2       contractual basis today. I'm concerned for  
3       many of you all and us throughout the  
4       Commonwealth that the numbers of testing --  
5       people testing registry are going to sharply  
6       decrease in the near future.

7               If I'm registry and I'm  
8       looking at the dollars and cents of  
9       maintaining this, it's going to go away at  
10      some point. It's not financially feasible.

11             Also, I want to be clear that  
12      over the last several years, I've been to  
13      the Hampton Roads Fire Chief's groups  
14      several times.

15             I've been on the TEMS and PEMS  
16      to the medical directors, the EMS chiefs in  
17      the area and to the -- and to their various  
18      boards to make very clear that this looks  
19      like it's happening and coming down the  
20      path.

21             We should've already been  
22      planning for this quite a while. The  
23      curriculum stated is old and registry's  
24      position is clear. We've got to take some  
25      position on it to -- to move this further

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1 down the path. I understand that there may  
2 be some desire to keep it. My concern is  
3 that the intermediate curriculum is very old  
4 and it just simply does not transition to  
5 the paramedic program any longer.

6 The paramedic curricula has  
7 changed over the last 20 years, unlike the  
8 intermediate program. The accreditation  
9 standards to run the paramedic program have  
10 been turned up quite substantially over the  
11 last several years.

12 Should we keep it, then  
13 there's -- is that me? Should we keep it,  
14 then I'm concerned that -- 15 minutes.  
15 Should we keep it, I'm concerned that it is  
16 going to be a path to nowhere for those that  
17 want to move up to the paramedic level.

18 There's a very good likelihood  
19 with that. Should we keep it or something  
20 similar to it, then if I'm a medical  
21 director I have to say to Dr. Linbeck that  
22 he and his constituents really need to take  
23 a hard look at what are their people -- what  
24 are those programs training? And how are  
25 they going to insure that there is some

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1 level of good standard of care curricula  
2 being shared. I think that's all my time.

3  
4 MR. CRITZER: Thank you, sir.

5  
6 MR. CALOGRIDES: [unintelligible].

7  
8 SPEAKER 2: Yeah, you went about 15  
9 seconds over your --

10  
11 MR. CRITZER: And if you have those  
12 in writing and would like to submit them,  
13 I'll include them with the record.

14  
15 MR. CALOGRIDES: Sure, sir.

16  
17 MR. CRITZER: Thank you. Next is  
18 Walt Bailey.

19  
20 MR. BAILEY: Good evening, and  
21 thank you, sir. And thank everybody for  
22 giving us the opportunity for us to comment  
23 on this. As he said, my name is Walt  
24 Bailey. I am an officer on the board of  
25 Charlotte County Rescue Squad, a rescue

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1 squad in rural Southside Virginia. We're  
2 about 470 square miles. We operate out of  
3 three stations and have about 38 members  
4 currently.

5 Our transport time to the  
6 closest cardiac facility is roughly an hour,  
7 sometimes a little longer than an hour. And  
8 currently I would say 95% of our ALS  
9 delivery is through the -- the 'I' program.

10 Additionally, I would like to  
11 see the slide that you put up that showed  
12 where all the paramedics were. No, I don't  
13 need to see that now. I would like to see  
14 the number of paramedics that are located in  
15 those jurisdictions.

16 And I can tell you one is  
17 wrong. Charlotte County, our one paramedic  
18 moved to Halifax about two months ago. So  
19 we no longer have a paramedic in -- in  
20 Charlotte County.

21 So I -- I would very -- be  
22 very interested because being from Southside  
23 Virginia, very involved in the fire and EMS  
24 community, there are many squads down there  
25 that only have one or two in the county. So

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1 I think that would, you know, also shed  
2 light on, you know, things as well. The  
3 other side of this is from, you know, my  
4 budget perspective.

5 We have roughly a \$10,000.00 a  
6 year budget to do EMS education. Currently,  
7 we have two of our volunteers in the  
8 community college system to become 'I's'.  
9 And that's taking my whole budget  
10 practically.

11 It's right at \$9000.00 to put  
12 those two through the 'I' program. We can't  
13 afford to go to the 'P'. Many other  
14 jurisdictions down there can't afford to go  
15 to the 'P'.

16 What I'm afraid of, especially  
17 in the rural areas that don't have the  
18 paramedics and don't see that in our future.  
19 We eliminate the 'I' and that cardiac  
20 component with an hour transport time, we  
21 will be not successful in reviving people  
22 that we are currently saving now. So the  
23 decision, you know, by the Board could  
24 definitely affect the lives of the people  
25 within the rural communities across the

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1 Commonwealth of Virginia. Unless you come  
2 up with a mechanism to pay for our people to  
3 go to the class -- and even at that, I don't  
4 know how many people are committed to a  
5 two-year program.

6 I went through the cardiac  
7 program in 1981. I went through the  
8 paramedic program in 1983 and I think the  
9 cardiac program then was like 80 hours above  
10 EMT.

11 And the paramedic wasn't a  
12 whole lot, you know, more than that. Now  
13 we're looking at a two-year program. Not  
14 only do they have to take the components of  
15 the EMS side of things, they have to take  
16 the English as a -- and the math and all  
17 that to get a -- a full two-year degree.

18 So we need to re-examine, you  
19 know, that as well in my opinion because we  
20 don't have that many people that have the  
21 time and the commitment to do the two-year  
22 -- I mean -- yeah, the two-year degree  
23 within the volunteer community. And my time  
24 is almost up, so thanks a whole bunch, you  
25 know, for giving me the opportunity to

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1 speak.

2  
3 MR. CRITZER: Thank you, sir. Next  
4 is Stan Langford.

5  
6 MR. LANGFORD: My name is Stan  
7 Langford and I -- I come a little different.  
8 I'm coming from a county perspective, from a  
9 little rural county. I serve on the board  
10 of supervisors there and I'm a life member  
11 of the volunteer rescue squad.

12 And I'm still volunteer fire  
13 department, as well as a paid person. So  
14 everything that Walt said, I agree with.  
15 We, in rural counties -- I joined the rescue  
16 squad to help people.

17 Everybody who does this does  
18 it for that reason, or pay. We need to do  
19 the right thing for our people and our  
20 citizens, and that's save lives.

21 That's what we're there for,  
22 you know. We can make all these things --  
23 in county government, we see rules, we see  
24 regulations and we see state mandates. And  
25 that's what this comes down to. If you make

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1 a regulation that gets rid of something that  
2 makes a difference in someone's life, it  
3 does that, you know. Why do we need to  
4 follow the National Registry?

5 Let's -- let's look at a way  
6 to solve the problem, that we can do it on  
7 our own with our own testing, you know. I  
8 been a medic for a long time. I've been a  
9 shock-trauma, I've been a cardiac tech.

10 I've been a -- I've been  
11 through all of them. You know, you name the  
12 alphabet, I been there. But we need to do  
13 this for ways to do that.

14 From what I understand, some  
15 data that I received, it's about \$7000.00  
16 per student on a class based on 12. The  
17 paramedic program is \$22,000.00 to  
18 \$24,000.00.

19 So if it's that much money,  
20 that's going to cost my little small  
21 community \$50,000.00 to \$75,000.00 a year to  
22 keep training people. Again, we've tried to  
23 make this a total education component  
24 through the community college system and I  
25 think they've done a great job. But what



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1 about using the college system to help us?  
2 We've got great universities in this state.  
3 Let's use them. Let's use them to help us  
4 make these tests and -- and develop and --  
5 and maybe do that.

6 The other thing that, you  
7 know, registry is a for profit. They make  
8 money every time we -- we do that. So yeah,  
9 maybe we in Virginia or of the Commonwealth  
10 are the only ones that does it.

11 But does that make it wrong?  
12 Again, I'm -- I'm asking you what -- why did  
13 you get involved in EMS? You -- if it's  
14 like me, it's to make a difference in  
15 someone's life.

16 I heard you say during your  
17 presentation that this was very unpopular.  
18 That you were getting a lot of comments.  
19 Again, look at the room today. A lot of  
20 people want to know about this.

21 So if it's some -- if it's so  
22 unpopular, maybe we should be looking at the  
23 people that -- the State EMS, Office of EMS  
24 serves. We're your customers and we're  
25 asking you -- we're coming to you to do

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1       these things. And make sure that this  
2       information gets out because I've talked to  
3       several volunteer EMS agencies down in the  
4       Northern Neck, Middle Peninsula. They know  
5       nothing about these meetings.

6               So we need to make sure that  
7       we get that message out. And I'm going to  
8       be part of that solution because I'm going  
9       to be calling them and letting them know.

10      Thank you.

11  
12      MR. CRITZER: Thank you very much.  
13      And so that is the three folks that signed  
14      up unless there's another roster going  
15      around the room that I didn't see.

16              But it doesn't look like we  
17      captured everybody what was in this room.  
18      We'd really like to have everybody that's  
19      here registered and signed on this -- on  
20      these sheets.

21              So if you don't mind, before  
22      you leave, we can pass some more around.  
23      Please sign up. Is there anybody that did  
24      not speak that would now like to have the  
25      opportunity? We've got plenty of time.

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1 Anybody that would like to speak that did  
2 not do so. Going once. We're here -- we're  
3 here for you folks, to hear your comments.  
4

5 MR. BAILEY: Gary, I've got a  
6 question. Is it possible -- you're not  
7 delivering one of these forums anywhere in  
8 Southside Virginia.

9 Is it possible that you could  
10 come to Southside Virginia with one of these  
11 hearings? Because the -- the closest we  
12 would have is Roanoke, and that's over two  
13 hours away.  
14

15 MR. CRITZER: We could -- would  
16 Lynchburg be close enough, or would you want  
17 to go farther south?  
18

19 MR. BAILEY: I would say Farmville.  
20

21 MR. CRITZER: Yeah, we can make  
22 that happen. I can make that happen if I  
23 got to just do it myself. But we'll work  
24 with you to -- get with me afterwards and  
25 we'll see what we can work out. Other

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1           comments?   Yes.

2  
3                   MR. CALOGRIDES:   So I know that  
4           I've already spoken and I'll be brief.   But  
5           -- but as I said, I taught the intermediate  
6           the very first time or two in Virginia.

7                   I remember hearing the same  
8           argument that when shock-trauma and CT went  
9           away, the world was going to end.   Most of  
10          us are still sitting here.   Many of us  
11          weathered that transition.

12                   EMS is not going to die.   The  
13          vital service industry is not going to die.  
14          And we're going to continue doing what we do  
15          if -- if this change happens.   Thank you,  
16          sir.

17  
18                   MR. CRITZER:   Thank you.   Any other  
19          -- any other comments?   This -- hang on a  
20          second.   This presentation is available on  
21          the web site.   You can download it and email  
22          it and share with anybody you want to share  
23          it with.   The dates of the townhall meetings  
24          are on the web site.   Please -- we had one  
25          gentleman say that people in his area didn't

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1 know anything about it. Please help us get  
2 that word out. It went out on the email  
3 blast from the Office of EMS. It's been on  
4 their social media page.

5 We're trying to push it -- it  
6 went to the regional councils. The regional  
7 councils have pushed it out. So I don't  
8 know why the message isn't out there.

9 But if you can help us share  
10 that, we want to hear from the providers in  
11 the Commonwealth. We're trying to represent  
12 you... Larry.

13  
14 MR. OLIVER: Just to add on to  
15 that. Certainly, this is a very passionate  
16 topic for a lot of people as we've heard  
17 tonight. But one of the things that the  
18 work group was challenged with at the  
19 beginning is to look out for the big  
20 picture.

21 And certainly, we've got a lot  
22 of talented individuals. And the  
23 Commonwealth has done test writing for the  
24 National Registry as well as other places.  
25 But to compile data and cost associated with

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1 that, to get the necessary resources for the  
2 number of intermediates that we're testing  
3 on an annual basis, financial feasibility  
4 is very, very low.

5 Average through the last five  
6 years, we were testing 240 -- no more than  
7 240 intermediates every year. So you take a  
8 figure of -- in excess of \$1M, divide that  
9 by 240 and you can see what the cost is  
10 going to be per student to do a test.

11 The second part of that, this  
12 year we are anticipating less than 180  
13 intermediate candidates. Because a lot of  
14 people now are marketing themselves as  
15 paramedics.

16 And certainly, that doesn't  
17 fix Walt and those problems. We understand  
18 that. But this is also a time for agencies  
19 to look at the care that they're providing  
20 and what level can provide that care as a  
21 whole.

22 There's agencies, after our  
23 original meeting in January, for TCC that  
24 did a study of the calls that they run for  
25 intermediates and paramedics. And they

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1 found that 95 to 98% of those calls could be  
2 handled by an advanced EMT with the scope of  
3 practice that is there today.

4 So I think it's also an  
5 opportunity for us as organizations to go  
6 back and figure out how we inject  
7 intermediates and paramedics for our EMS  
8 systems.

9 All of us -- and I can tell  
10 you from our perspective in the region that  
11 I'm from and work in and volunteer in, we  
12 are ALS-dependent on everything. And most  
13 of the calls are not ALS today.

14 There is also both public and  
15 private organizations that have decided, as  
16 of January 1, 2017, they're no longer  
17 testing Intermediate 99 for National  
18 Registry.

19 They're strictly testing EMT,  
20 EMR, AMT or paramedic. We have had two  
21 private organizations that are for profit  
22 that have now chosen the same pathway. So  
23 one of the challenges in the future is how  
24 are we going to implement testing for  
25 Intermediate 99's if the -- if the agency --

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1 or a lot of the organizations are no longer  
2 doing that. Tom said himself, they're  
3 contracting out. And that's a huge cost to  
4 agencies to do that.

5 So be thinking outside of the  
6 box. Certainly, we're not saying to do with  
7 ALS care. But in the big picture across the  
8 Commonwealth of Virginia with the amount of  
9 money that it's going to take to develop and  
10 maintain an Intermediate 99 test, it's a  
11 high dollar figure.

12 The reason we went to National  
13 Registry in July of 2012 is because of Mid  
14 Atlantic EMS Councils could no longer do it,  
15 or would no longer do it. And we're in the  
16 same boat today.

17 So that's some of the stuff  
18 from the work group that we have discussed.  
19 I can tell you three of the members of the  
20 work group were very much I-99, teach it all  
21 the time.

22 And that's the ones that said,  
23 you know, I'm not sure we can do this much  
24 longer. As of today, there is no change.  
25 National Registry has not given us a drop



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1 dead date that says we're going to stop  
2 I-99. But we want to make sure that we're  
3 in front of the process so we have a plan.

4 And Tom said it, we probably  
5 should've started this two years ago. Or  
6 three years ago. But we've talked about it.  
7 It wasn't a -- a very easy thing to talk  
8 about for some agencies and some  
9 individuals.

10 And that's okay. But we're  
11 trying to move forward and have a plan if  
12 and when -- and I think most of us realize  
13 it's going to be when -- National Registry  
14 says, we're done.

15  
16 MR. CRITZER: Does anyone else have  
17 any comments they'd like to make or anyone  
18 else like to speak? Chief Hobach.

19  
20 MR. HOBACH: Yes, sir.

21  
22 MR. CRITZER: Have a mike.

23  
24 MR. HOBACH: I just want to say a  
25 few things. And first of all, I don't think

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1 anybody in the room disagrees with the fact  
2 that the I-99 needs to go away or is  
3 outdated. I think we all agree on that.

4 The biggest problem that I see  
5 from my area and from what I'm hearing is  
6 that transitioning either to the area of the  
7 paramedic, we lose the cardiac module.

8 We lose the ability to provide  
9 care to those patients who otherwise may not  
10 be afforded the opportunity. With negative  
11 trending of both the BLS and the 'I's' and  
12 the 'P's', you can look at the numbers.

13 But how many of those are  
14 actually practicing? And that's my concern.  
15 I think that it's -- when you have a  
16 situation like this, I think we have an  
17 opportunity.

18 It's not -- and it's a  
19 challenge to maybe do things a little  
20 differently. I was talking to a colleague  
21 sitting next to me.

22 And I think the solutions are  
23 already here. We just got to find them.  
24 That we can do things in a manner that may  
25 not cost \$615,000.00 a year. That may not

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1 impose upon the Office of EMS on a financial  
2 basis. But maybe develop an opportunity  
3 that is within the scope of practice of the  
4 'A', expand some of the scope of practice  
5 with some additional training through the  
6 Medical Direction Committee.

7 And make it so that it is a  
8 local option. It may not -- and like Larry  
9 indicated, it's not one size fits all. My  
10 area, I've got to go back and revisit how we  
11 do business.

12 And a lot about how we do  
13 business is -- is involved in community  
14 health. There's necessarily, because  
15 somebody calls, we have to send an ambulance  
16 out.

17 And those are one of the big  
18 problems we're struggling with right now.  
19 But we have an opportunity, and throughout  
20 the Commonwealth, to say we can do things  
21 better.

22 And not only can we do things  
23 better, we may be able to do things more  
24 efficiently. And, you know, I've seen the  
25 numbers and the negative trending of

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1       certifications and also the fact that  
2       volunteerism -- EMS volunteer -- where I  
3       grew up in '79 and I -- you just don't see  
4       that any more.

5                You see more career people  
6       coming on. And some of that's been driven  
7       because of certification requirements and  
8       the need to transition to those.

9                But anything we can do to kind  
10      of ease that pressure, I think we need to  
11      take a hard look at it. I'm not saying I  
12      have the solution. But I think that we need  
13      to look at that, as a Commonwealth.

14               And we still need to keep in  
15      mind the national model and where we need to  
16      be. But there still is an opportunity for  
17      us to embrace a modified scope of practice  
18      that meets the doctors' approval, that maybe  
19      re-trenches a little bit on where we are  
20      with the I-99's.

21               But certainly, it provides an  
22      opportunity for Walt's providers to do 12  
23      leads and maybe have the -- the manual  
24      defibrillations and synchronized  
25      cardioversions and drug therapy that are so

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1 vital to some patients who have a long  
2 transport time, that otherwise would not be  
3 able to do it. The other thing I have is  
4 just -- you're taking somebody from a career  
5 perspective from a 'P' -- I mean, a 'B' to a  
6 'P' program's going to cost me about  
7 \$15,000.00 after I pay overtime.

8 And I paid for the class. And  
9 I paid for them to go to the clinicals.  
10 It's a huge impact. Do I need paramedics on  
11 every truck? No, I don't.

12 But I got to plan for the  
13 future so that I do have ALS providers. And  
14 our volume was up six percent last year and  
15 I think everybody's experiencing the thing  
16 -- the same. Thank you.

17  
18 MR. CRITZER: Thank you, chief.  
19 Anyone else like the opportunity to speak?  
20 This is your chance. This is your system.  
21 Again, if you just don't feel comfortable  
22 speaking tonight and you think about  
23 something you want to submit, submit it  
24 electronically. We will get it. And we  
25 will compile it and we will push it out to

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1 the work groups that are working on this.  
2 I've been committed since this came up to  
3 saying that we wanted to hear what the  
4 system had to say.

5 That we wanted to hear what  
6 the needs of the system were so that we  
7 could make the most informed and educated  
8 decision in the best interest of the  
9 Commonwealth.

10 I -- I'm committed to that.  
11 And I think the Advisory Board's committed  
12 to that. That's our role. And certainly,  
13 the Office of EMS has been very supportive  
14 in working with us on this.

15 So again, you can come to  
16 another townhall if you want if you change  
17 your mind about speaking. Or you can submit  
18 your comments electronically. You can --  
19 however you want to do it, but we want to  
20 hear from you.

21 And if you have further  
22 questions or concerns and you need for me to  
23 come visit your -- your shop and bring Larry  
24 or somebody else with you -- with me, we can  
25 do that. And we'll sit down and talk with

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1       you individually if that's needed. Okay?  
2       Anybody else, last time. All right. Thank  
3       you very much.

4  
5       (The townhall meeting concluded.)  
6  
7  
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## 1 CERTIFICATE OF THE COURT REPORTER

2  
3 I, Debroah Carter, do hereby certify that I  
4 transcribed the foregoing TOWNHALL MEETING heard on  
5 February 23rd, 2017, from digital media, and that the  
6 foregoing is a full and complete transcript of the said  
7 townhall meeting to the best of my ability.

8 Given under my hand this 10th day of March, 2017.  
9

10  
11 

12  
13 Debroah Carter, CMRS, CCR  
14 Virginia Certified  
15 Court Reporter

16 My certification expires June 30, 2017.  
17  
18  
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